MARYHILL MANOR, INC. 501 MADISON AVENUE

NIAGARA 54151 Phone: (715) 251-3172		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	75	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	75	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	74	Average Daily Census:	72

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		(12/31/03)	Length of Stay (12/31/03)	응
Home Health Care	No	 Primary Diagnosis		Age Groups	용		12.2
Supp. Home Care-Personal Care	No					1 - 4 Years	59.5
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	4.1		14.9
Day Services	No	Mental Illness (Org./Psy)	20.3	65 - 74	5.4		
Respite Care	Yes	Mental Illness (Other)	8.1	75 - 84	25.7		86.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	52.7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.8		100.0		
Other Meals	No	Cardiovascular	10.8	65 & Over	95.9		
Transportation	No	Cerebrovascular	20.3			RNs	13.3
Referral Service	No	Diabetes	4.1	Gender	8	LPNs	3.7
Other Services	Yes	Respiratory	5.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	18.9	Male	21.6	Aides, & Orderlies	40.3
Mentally Ill	No			Female	78.4	I	
Provide Day Programming for			100.0			I	
Developmentally Disabled	No				100.0	I	
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	259	52	91.2	120	0	0.0	0	7	77.8	132	0	0.0	0	0	0.0	0	67	90.5
Intermediate				5	8.8	101	0	0.0	0	2	22.2	124	0	0.0	0	0	0.0	0	7	9.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		57	100.0		0	0.0		9	100.0		0	0.0		0	0.0		74	100.0

MARYHILL MANOR, INC.

Admissions, Discharges, and		Percent Distributio	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:	1	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.0	Bathing	4.1		71.6	24.3	74
Other Nursing Homes	5.0	Dressing	16.2		67.6	16.2	74
Acute Care Hospitals	86.7	Transferring	29.7		43.2	27.0	74
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.1		40.5	28.4	74
Rehabilitation Hospitals	0.0	Eating	70.3		23.0	6.8	74
Other Locations	1.7	******	* * * * * * * * * * * * * * *	*****	*****	******	*****
Total Number of Admissions	60	Continence		%	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	0.0	Receiving Resp	iratory Care	5.4
Private Home/No Home Health	5.4	Occ/Freg. Incontine	nt of Bladder	50.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	44.6	Occ/Freq. Incontine	nt of Bowel	36.5	Receiving Suct	ioning	0.0
Other Nursing Homes	1.8	-			Receiving Osto	my Care	1.4
Acute Care Hospitals	5.4	Mobility			Receiving Tube	Feeding	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restrain	.ed	0.0	Receiving Mech	anically Altered Diets	21.6
Rehabilitation Hospitals	0.0				_	-	
Other Locations	3.6 i	Skin Care			Other Resident C	haracteristics	
Deaths	39.3 i	With Pressure Sores		5.4	Have Advance D	irectives	91.9
otal Number of Discharges	i	With Rashes		5.4	Medications		
(Including Deaths)	56 i				Receiving Psyc	hoactive Drugs	51.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*************	******	****	*****	*****	*****	*****	*****	*****	****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Non	orofit	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	90	Ratio	્ર	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.0	94.0	1.02	88.0	1.09	88.1	1.09	87.4	1.10
Current Residents from In-County	32.4	77.2	0.42	72.9	0.44	69.7	0.47	76.7	0.42
Admissions from In-County, Still Residing	11.7	23.9	0.49	20.1	0.58	21.4	0.54	19.6	0.59
Admissions/Average Daily Census	83.3	101.9	0.82	129.5	0.64	109.6	0.76	141.3	0.59
Discharges/Average Daily Census	77.8	102.4	0.76	130.3	0.60	111.3	0.70	142.5	0.55
Discharges To Private Residence/Average Daily Census	38.9	39.2	0.99	52.2	0.75	42.9	0.91	61.6	0.63
Residents Receiving Skilled Care	90.5	96.3	0.94	93.7	0.97	92.4	0.98	88.1	1.03
Residents Aged 65 and Older	95.9	97.2	0.99	94.2	1.02	93.1	1.03	87.8	1.09
Title 19 (Medicaid) Funded Residents	77.0	64.2	1.20	66.3	1.16	68.8	1.12	65.9	1.17
Private Pay Funded Residents	12.2	25.9	0.47	21.6	0.56	20.5	0.59	21.0	0.58
Developmentally Disabled Residents	1.4	0.5	2.96	0.5	2.48	0.5	2.70	6.5	0.21
Mentally Ill Residents	28.4	38.5	0.74	36.2	0.78	38.2	0.74	33.6	0.84
General Medical Service Residents	18.9	20.1	0.94	21.5	0.88	21.9	0.86	20.6	0.92
Impaired ADL (Mean)	45.4	51.0	0.89	48.4	0.94	48.0	0.95	49.4	0.92
Psychological Problems	51.4	53.0	0.97	53.4	0.96	54.9	0.94	57.4	0.90
Nursing Care Required (Mean)	5.1	7.7	0.66	6.9	0.73	7.3	0.70	7.3	0.69